

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000041712

1. Entity Name
Primary Care Plus, Inc.

Principal Place of Business
3107 W. Hallandale Bch Blvd.
Suite 103
Hallandale, FL 33009

Mailing Address
2061 NW 2nd Avenue
Suite 106
Boca Raton, FL 33431

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0834770

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DiCapua, Lisa
398 SW 8th Street
Apt 7
Boca Raton, FL 33432

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DiCapua, Joseph
250 SW 15th Avenue
Boca Raton, FL 33486
Delete
COB

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Sec.
Charsten, Tisdalis R
10641 SW 37th Pl
Davie, FL 33328
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
Charsten, Ivory J
10641 SW 37th Place
Davie, FL 33328
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT
DiCapua, Lisa
398 SW 8th St #7
Boca Raton, FL 33486
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PT, VP, Sec
DiCapua, Lisa
398 SW 8th St. #7
Boca Raton, FL 33432
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
600004739886
-12/26/01--01039--002
*****61.25 *****61.25
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
AD
Change Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DiCapua, Lisa 12/09/01

CR2E034 (11/00)